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ABSTRACT

This practicum involved the development and delivery of a three semester hour community college course for five speech-language pathology (SLP) support personnel assisting in a preschool setting. The practicum addressed the specific problem that support personnel did not demonstrate independent and effective instructional strategies when implementing the speech-language pathologist's plan. The course was designed to provide an overview from all areas of study recommended for a full SLP assistant curriculum. Topics covered included sign language; the manual alphabet; principles of linguistic phonetics; the three systems of speech production (respiratory, laryngeal, and supralaryngeal); the phonetic alphabet; anatomy and physiology of the speech mechanism and the auditory system; normal stages of language acquisition; child speech and language disorders; principles of phonology; types of augmentative and alternative communication devices and programs; clinical methods in speech pathology; basic principles of audiology; aural rehabilitation techniques; and central auditory processing disorders. Evaluation suggested that the support personnel demonstrated an understanding of the phonetic alphabet, improved understanding of the professional vocabulary used by the speech-language pathologists, a beginning sign language proficiency, and basic knowledge of speech-language and hearing services. Appendices include the evaluation survey and a listing of topics covered in the course. (Contains 12 references.) (DB)

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Utilization and Training of Speech-Language Pathology Support Personnel to Enhance Services for Preschool Children

by
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Cluster 71

A Practicum I Report Presented to
the Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

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Abstract

Training for Speech-language Pathology Support Personnel in a Preschool Setting. Pillow, Gary L., 1996: Practicum Report, Nova Southeastern University, Ed.D. Program In Child and Youth Studies. Speech-language Pathology Assistant/Support Personnel/Training/Supervision

The support personnel in the writer's rural preschool setting did not demonstrate independent and effective instructional strategies when implementing the speech-language pathologist's plan. A three semester hour course was designed and implemented at a local community college to train speech-language pathology support personnel who were employed in the writer's preschool setting.

Outcomes suggested that the support personnel demonstrated an understanding of the phonetic alphabet, and improved understanding of the professional vocabulary used by the speech-language pathologist, a beginning sign language proficiency, and an enhanced understanding of speech, language and hearing science. Self surveys of the support personnel demonstrated an improved measure of basic knowledge of speech-language and hearing services. Supervisor observation also suggested a general improvement of knowledge among support personnel regarding speech-language pathology and hearing services.

The results of this practicum suggested that training for speech, language pathology support personnel enhanced their knowledge base and ability to become a more effective in assisting the speech-language pathologist. It is recommended that an entire curriculum be developed to further train speech-language pathology assistants.

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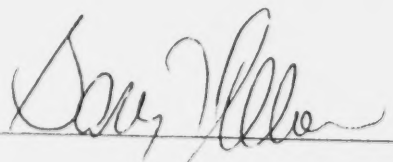

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Chapter I: Introduction

Description of Community

The setting of the practicum is a small private preschool located in a rural mountainous region. A predominantly working class population comprises the local community of about 10,000. Because of rather poor economic conditions and the lack of cultural opportunities, there is usually a shortage of many types of professionals in this geographic area. Perhaps it is the profusion of environmental deprivation which has produced an abundance of young children in need of speech-language pathology services.

Description of Work Setting

The writer's preschool is a branch of a speech and hearing center. The organization's mission statement is as follows: "We provide quality speech-language and audiological services in a caring, family-centered and professional manner. We are a team committed to promoting cost-effective speech-language and hearing care, excellence in all aspects of our service and respect for the people we serve and employ."

A modern cinder block building with a brick facade houses the preschool. It's total area is approximately 2,750 square feet. The private preschool serves thirty speech, language, and hearing delayed children ages three to five. The preschool is the only one within a five-county radius to serve this population. Seven other children have also been identified as candidates for the preschool, and are currently on the waiting list.

The staff includes a licensed and certified Speech-Language Pathologist (SLP) who also serves as Program Director. The SLP is assisted by four members of a SLP support team. Each

assistant has achieved a high school education and some on the job training.

Writer's Role

The writer's role is to serve as administrator for the facility. Duties include making decisions regarding curriculum and philosophy development, finances and personnel. To facilitate teamwork among employees, a bottom-up management model is employed for decision making.

The writer holds a Master's degree in Audiology. State licensure is held by the writer in the areas of Audiology, Speech-Language Pathology, and as a Hearing Aid Specialist. State Department of Education endorsements of the writer include Speech Impairment, Hearing Disorders and Reading Specialist. The writer also holds the Certificate of Clinical Competence (CCC) from the American Speech-Language Hearing Association (ASHA) in both speech-language pathology and audiology. The writer's previous experiences include nine years of teaching in a public school hearing impaired program.

The writer presently serves in three capacities which may influence the training of SLP support personnel, often referred to as speech-language pathology assistants on the state level. The SLP assistant is an intermediate level-practitioner, according to Wolf, (1995) falling somewhere between a certified speech-language pathologist and the lowest trained support personnel, the SLP aide. The writer has been appointed to the state licensure Board of Audiology and Speech-Pathology which is currently addressing guideline issues regarding SLP support personnel. The writer is serving on a support personnel task force of the state speech and hearing association. Additionally, the writer is an adjunct faculty member of a local community college which is planning to offer a SLP support personnel training program.

Chapter II: Study of the Problem

Problem Statement

The problem to be solved in this practicum was that support personnel in the writer's preschool setting did not demonstrate independent and effective instructional strategies when implementing the speech-language pathologist's plan.

Speech-language pathology support personnel in the writer's preschool setting exhibited difficulty effectively interpreting the SLP's plan. The SLP aides should have been able to independently read and understand the daily instructional goals written by the speech-language pathologist. They should have understood the everyday professional language associated with offering speech pathology services to preschool children.

A discrepancy between the knowledge of the support personnel in the writer's preschool setting, and the expected optimal knowledge base seemed to be evident.

Problem Description

Support personnel had expressed their concerns regarding their incomplete understanding of their job tasks. Because of this deficiency in understanding, they had to often ask the supervising speech-language pathologist for clarification of many topics. The persons most often affected were the children who were served by the preschool. Each time the SLP aide asked a question, she had to depart from her focus with the child. The number of interruptions may have increased which in turn decreased quality treatment time with the child. Also affected was the speech-language pathologist who had to compromise on-task time when a question was asked. Her time became less efficient for each additional question presented. The aides themselves were

affected. They wanted to maintain positive self esteem and have the confidence that they were capable of performing their job to the best of their ability.

Some of the deficiency in understanding may have been attributed to a number of factors. The SLP aides did not understand the phonetic alphabet. This skill was essential to understand the SLP's written direction regarding the phonological goals for each child. Also, the SLP aide needed to understand the phonetic alphabet to be able to transcribe the child's errors.

The SLP aides did not demonstrate adequate sign language (or manual communication) skills which were necessary to communicate with hearing impaired students. There was enrolled in the preschool a child who exhibited a bilateral severe sensorineural hearing loss. This child relied on Total Communication (the simultaneous use of both oral speech and sign language). It was necessary to have a working knowledge of basic manual communication skills to be able to effectively communicate with this child and future enrollees with a similar disability.

The SLP aides often did not understand the professional vocabulary used by the SLP. This weakness in vocabulary skills led to obvious questions regarding the interpretation of the SLP plan and the understanding of general professional conversation.

SLP aides demonstrated an ineffectual understanding of speech and language concepts in children. The SLP aides did not understand normal speech and language development. To be able to discriminate target goals, one must have an understanding of what is accepted as normal. The understanding of child speech and language disorders is also paramount to effectively implement the students' goals. SLP aides did not demonstrate the supervised clinical practicum

skills necessary to afford quality treatment to the students. Supervised structured clinical practicum helps to build strong clinical skills for assistants working with children.

SLP aides demonstrated a deficit in the understanding of central auditory processing disorders (CAPD) and the identifiers which facilitate appropriate special treatment. SLP aides did not demonstrate a basic understanding of hearing loss, audiometric data, nor care and use of amplification systems. This knowledge is essential in appropriately identifying and serving the hearing impaired student. For proper referral and treatment of various types of hearing problems, the care giver should understand basic audiologic principles.

Problem Documentation

There were several indicators which supported evidence of the problem. A survey of speech-language pathology support personnel showed a low measure of basic working knowledge of speech-language and hearing sciences. Supervisor observation suggested a general deficit of knowledge among support personnel regarding speech-language pathology and hearing services. Interpersonal remarks had been noted by writer which indicated decreased self-confidence in the role of a speech-language pathology aide.

There were two causes which may have inhibited the effectiveness of SLP support personnel. There was no availability of systematic speech-language pathology support personnel training in the writer's preschool setting. Because of limited funding in the past, support personnel historically had been hired at minimum wage and educational level.

Causative Analysis

Prior to this writing, no formal educational program had been officially adopted to train speech-language support personnel. The writer had not before recognized the need for enhanced training of the speech-language pathology support personnel. The problem could have been intensified because specialized SLP support personnel training was not acknowledged by supplemental incentive pay.

Relationship of the Problem to the Literature

The review of the literature supports the problem. The review of the literature reveals that support personnel cannot adequately function if they are not properly trained and supervised. Dublinske (1986) suggests that abilities and skills of the SLP aide be determined by the supervising speech-language pathologist. Campbell (1990) recommends that the SLP use training guidelines proposed by the American Speech-Language Hearing Association to determine the appropriateness of SLP assistant assignments. Proper training and supervision of paraprofessionals by the SLP are also noted by Stewart and Martinez (1986) for effective delivery of speech and language services. There has been little standardization of SLP support personnel, according to Trace (1994), in terms of training, supervision, and educational requirements. Pillow (1995), demonstrates the importance of recognizing symptoms of CAPD in an educational environment. As early as 1949, the American Occupational Therapy Association has provided recognized the need for adequately trained assistants (Hirama, 1990). Trace (1994), expresses the need for an academic program for "speech assistants" which would

be similar to the certified assistant's programs in occupational and physical therapies. Occupational therapy and physical therapy have nationally recognized credentialing processes which ensure specific guidelines for training (Trace, 1994). The SLP is ultimately responsible for any actions demonstrated by the SLP assistant and must be accountable to the licensing board (Trace, 1994). A need for quality trained Idaho "paraprofessionals" was indicated by Longhurst, (1994) in the disciplines of occupational therapy, physical therapy and speech therapy.

Paul-Brown, (1995) discusses the importance for appropriate training of speech-language pathology assistants. She believes that this is the best "way to achieve effective patient/client outcomes in a cost-effective system of quality care." She relates that the use of properly trained SLP support personnel is appropriate for all practice settings. Only ASHA certified practitioners should teach the courses and supervise practicums related to SLP and audiology. She suggests that different levels of training are being considered. ASHA has proposed a guideline stating that an associate's degree, or a certificate program provides the minimum amount of training necessary to adequately perform the SLP assistant's role. The course work should be job specific, relevant to the practice setting. The guidelines are clear that regardless of their training, SLP assistants do not have the authority to act independently from ASHA certified SLP supervision.

Chapter III: Anticipated Outcomes and Evaluation Instruments

Goals and Expectations

The goal of this practicum was for support personnel in the writer's preschool setting to demonstrate independent and effective instructional strategies during implementation of the speech-language pathologist's plan.

Expected Outcomes

The following outcomes were projected for this practicum:

1. The speech-language pathology support personnel will demonstrate an understanding of the phonetic alphabet.
2. The SLP aides will demonstrate an understanding of the professional vocabulary used by the SLP.
3. The SLP aides will demonstrate proficiency in signing 250 words.
4. The Speech-language pathology assistants will demonstrate a basic understanding of hearing loss, audiometric data, and the care and use of amplifications systems which are essential in appropriately serving the hearing impaired student.

Measurement of Outcomes

The outcomes were expected to enhance the SLP aide's effectiveness in the implementation of the SLP's instructional treatment plan.

Phonetic transcription was taught and evaluated with vowels and diphthongs being

presented initially, followed by consonant training and evaluation. The speech-language pathology support personnel were required to demonstrate an understanding of the phonetic alphabet through phonetic transcription. The outcome was evaluated by having the students perform a phonetic transcription of live voice running speech. The Shriberg and Kent , (1995) transcription lists A, B and C were used for post evaluation purposes. A pretest was not necessary, since the SLP aides had no experience or knowledge of phonetics. These lists included both vowel and consonant transcriptions on the word level. More complex transcriptions were offered in this introductory level course. The expected criterion achievement level for word transcription was 80%.

The SLP aides were envisioned to demonstrate an understanding of the professional vocabulary used by the SLP. To accomplish this, each student was expected to demonstrate a working vocabulary knowledge of speech pathology terminology by paraphrasing a sample SLP plan with accuracy of 80%. The vocabulary pool was built as the student proceeded through each topic of study.

The SLP aides were expected to demonstrate proficiency in receptive and an expressive sign of at least 250 words. Each SLP aide was anticipated to demonstrate receptive understanding of signs which the instructor presented to the class. As the word was signed, the student was asked write it correctly with 85% accuracy. Each student was expected to demonstrate adequate expressive manual communication skills by intelligibly signing a five minute story or song of choice to the class. This story was either invented by the student, or was the work of another. To show understanding, the class said aloud, with 85% accuracy, the

meanings of signs demonstrated by the student.

The demonstration of basic understanding of language and speech development, hearing loss, audiometric data, and the care and use of amplification systems was intended to be accomplished by the use of pre and post testing prior to and following lectures to be administered. The tests were teacher made and were content oriented. The test questions were short-answer, multiple choice and open-ended. The SLP aides were anticipated to answer questions correctly with at least 80% accuracy on the post tests following the lectures.

The survey which was administered to the SLP aides to determine self perception of their professional knowledge was readministered following the training. This survey is presented in APPENDIX A.

Chapter IV: Solution Strategy

The problem to solved in this practicum was that support personnel in the writer's preschool setting did not demonstrate independent and effective instructional skills when implementing the speech-language pathologist's plan.

Discussion and Evaluation of Solutions

Two solutions are suggested which should enhance the ability of support personnel to implement the speech-language pathologist's plan. Adequate training and supervision by a licensed American Speech-Language Hearing Association (ASHA)-certified speech-language pathologist will improve the ability of SLP aides to perform prescribed tasks (ASHA , 1995). The American Occupational Therapy Association began a training program in 1949 to prepare aides to carry out routine departmental tasks and to allow more time for the Registered Occupational Therapists to provide treatment according to Hirama (1986). Trace (1994) reports that physical therapy as well as occupational therapy have credentialing processes which are nationally recognized and ensure specific guidelines for training . To achieve effective outcomes in a cost-effective system of quality care, according to Paul-Brown (1995), appropriate training of speech-language pathology assistants is important. Provision of pay for educational advancements will encourage the increased working knowledge of the SLP support personnel. SLP aides in the writer's preschool setting have expressed a desire to be compensated for educational advancement. The SLP aides in the writer's setting expressed willingness to donate time to take college credit classes if the employer paid tuition expenses. Enhanced training was expected to improve the speech-language pathology assistant's ability to implement the SLP plan. The SLP

aides were encouraged through incentive pay increases to seek further educational opportunities. A curriculum at the local community college was developed to offer for credit classes to train the SLP assistants.

Description of Selected Solutions

The writer has been preparing to improve the effectiveness of SLP aides' independent instructional strategies with a comprehensive training program. A sixty semester hour curriculum is currently being considered to be offered at the local community college in the writer's area to train SLP assistants. The curriculum will be the first of it's kind to be offered in the writer's state. The first class in the SLP assistant curriculum was the focus of this practicum. The name of the class was Introduction to Speech-Language Pathology Assistants and was presented as a course providing a general overview of the curriculum. All SLP assistant training follows the AHSA, (1995) guidelines. Because SLP assistants will need to communicate with hearing impaired and deaf individuals, a manual communication system was introduced. The sign system selected is that most familiar to the writer. Signing Exact English (SEE), developed by Gustason & Zawolkow (1993) is often used with hearing impaired children in public school programs. SEE signs have also historically been used by SLPs in the writer's preschool program.

Report of Action Taken

The implementation of this practicum consisted of twelve weeks of training for five speech -language pathology support personnel. They all currently work in the capacity of aides and have

indicated that they may wish to enhance their training with a full two year program to become certified SLP assistants. All five SLP aide's are employed in the writer's preschool setting. The training was aimed at enhancing their ability to assist the speech-language pathologist in delivering services to preschool age children. The class used for this practicum was designed to incorporate an overview from all areas of study which have been recommended for a full SLP assistant curriculum. The writer carefully selected topics to correlate with those recommended by ASHA (1995) and by the SHAV task force for course topics which comprise the total SLP assistant training curriculum (APPENDIX B). Different topics of training and/or evaluation were selected for each week. All presentations listed were either delivered by, or delegated and supervised by the writer. All classes were taught by an ASHA certified speech-language pathologist and/or audiologist.

During the initial class, a pretest of general materials to be covered during the twelve weeks to follow was administered to the support personnel team. The support personnel group was introduced to the concepts involving the SLP assistant program. The speaker for this introductory class was a nationally known author of SLP evaluation and treatment instruments. He also has been very active nationally and statewide regarding the SLP assistants curriculum movement. He presented a very exciting and interesting introduction to the class and the curriculum.

An introduction to sign language and the manual alphabet was also demonstrated. In this class, popular children's storybooks were utilized to provide an interesting sign language vocabulary. During each class 25 to 35 new Signing Exact English signs were demonstrated from

the storybook(s).

The principles of linguistic phonetics and the three systems of speech production (respiratory, laryngeal and supralaryngeal) were presented. Phonetic vowels and consonants were consistently introduced and continued to be practiced each class session. Knowledge of the phonetic alphabet should prove helpful in interpreting the SLP's notes and recording misarticulated words. All consonants, vowels, and most dipthongs were presented throughout the course.

In the following class sessions, other topics of importance were addressed. Anatomy and physiology of the speech mechanism was examined as well as the anatomy and physiology of the auditory system. It is felt that a basic knowledge of the anatomical structures is helpful in understanding how to better assist children with phonological, voice and hearing disorders.

Normal stages of language acquisition were introduced. It is important for the SLP assistant to understand what language and speech production milestones should be expected of children. Child speech and language disorders were detailed to offer guidelines for different problem areas. Principles of phonology were introduced to help the SLP assistant to understand the fundamental issues in the production of speech sounds. The support personnel were exposed to the different types of alternative and augmentative communication devices and programs available. Clinical methods in speech pathology were also presented to afford assistive techniques in facilitative intervention.

To help the potential SLP assistant to understand underlying issues regarding hearing impaired children, the basic principles of audiology were described. Aural rehabilitation

description and management techniques were illuminated. The significance of central auditory processing disorders as it relates to education was imparted. Instructive methods for the class sessions included formal and informal lecture, small group discussion, observations and video recorded presentations of facilitative techniques for working with children. All class sessions were conducted in a relaxed atmosphere and SLP aide spontaneous interactive participation was encouraged.

At the end of the implementation, a two-part evaluation of manual communication skills was effected. This consisted of a five minute story signed by the SLP aide and interpreted by the writer and other SLP aide class members. The second part of the assessment consisted of receptive fingerspelling. In this section, the writer spelled various words using the manual alphabet and the SLP aides wrote down the word which they perceived that they "read". Comprehensive post-tests of all course work, professional vocabulary and phonetic transcription were administered. A survey of speech-language pathology support personnel showed increased measure of working knowledge of speech-language and hearing sciences. Supervisor observation suggested a general improvement of knowledge among support personnel regarding speech-language pathology and hearing services.

The writer developed all course topics, arranged presenters for each class, and offered guidelines for assessment of topic materials. The writer also played an active role in the instruction of several topics. The three semester hour class was arranged by the writer through the local community college staff. Arrangement to pay for the tuition was also arranged by the writer in addition to incentive pay increases for each aide following the completion of the class.

Chapter V: Results

Results

The problem addressed in this practicum was that support personnel in the writer's preschool setting did not demonstrate independent and effective instructional strategies when implementing the speech-language pathologist's plan. A class was designed and offered at a local community college to enhance training of the support personnel in the writer's preschool setting.

There were four expected outcomes projected for this practicum. The first one was that the speech-language pathology support personnel would demonstrate an understanding of the phonetic alphabet. Following the twelve week phonetic transcription training, all five support personnel were able to translate the final test items with 99 to 100 percent accuracy. The second expected outcome was that the SLP aides would demonstrate an understanding of the professional vocabulary used by the SLP. Pre and post quiz scores indicated a dramatic improvement in this area as indicated in Table 1. The third expected outcome was that the SLP aides would demonstrate proficiency in signing 250 words. Approximately 325 SEE signs were actually taught through this course. A class presentation indicated that all five SLP aides had command of sign. A receptive fingerspelling quiz demonstrated perfect scores for all SLP aides in this skill area. The fourth and final expected outcome was that the Speech-language pathology assistants would demonstrate a basic understanding of hearing loss, audiometric data, and the care and use of amplifications systems which are essential in

Table 1

Pre and Post SLP aide Scores

SLP aide	QUIZ SCORES PRE/POST	SELF EVALUATION PRE/POST	SUPERVISOR EVALUATION PRE/POST
A	51/95	56/80	50/90
B	29/87	48/78	50/76
C	32/91	38/88	48/78
D	21/77	42/76	50/76
E	23/92	22/94	50/80

SLP aide Post Scores

SLP aide	Sign Language Presentation	Receptive Fingerspelling	Phonetic Transcription
A	100	100	100
B	100	100	99
C	100	100	100
D	100	100	100
E	100	100	100

appropriately serving the hearing impaired student. Pre and post quiz scores shown in Table 1 demonstrated significantly improved scores in this topic area.

Pre and post quiz scores are exhibited in Table 1. Results were averaged and are shown for each of the five support personnel. The quiz scores are from the professional speech-language-audiology vocabulary and content areas. Each of the support personnel improved significantly when comparing the pre and post quiz scores. SLP aide A improved from an average 51% to 95% with a difference of 44% correct. SLP aide B's pretest scores were 29% and improved by 38% to 87%. SLP aide C demonstrated an improvement of 59% and pre and post quiz score averages of 32% and 91% respectively. SLP aide D improved from the pre score of 21% to 77%. D showed a 54% total improvement. The quiz scores of SLP aide E improved 69%, or from 23% to 92%. The MEAN pretest quiz score was 31% while post MEAN score was 88% and the MEAN improvement score was 52%.

The self evaluation survey, shown in APPENDIX A, demonstrated a MEAN pre score of 41% and a post score of 83%. The MEAN improvement was 42%.

The supervisor evaluation used the same question format as the self evaluation survey in APPENDIX A. The pre survey showed a MEAN score of 50% and a post MEAN score of 80%, depicting an overall improvement MEAN score of 30%.

Discussion

The results of the pre and post quiz and survey scores suggested a large margin of improvement for the support personnel before and after the course of training. In a few individual cases, the expected criteria was not met, but in most cases, it was exceeded. The range of 41%

improvement was noted considering the overall MEAN score gains. This would imply that the training for the SLP support personnel was very beneficial.

Recommendations

It is recommended that this course be the initial in the development of an entire SLP assistant training curriculum at the local community college. The curriculum should consist of 60 semester hours of coursework and encompass courses for each topic used in this practicum in addition to others outlined in the AHSA (1995) guidelines. Additionally, all future support personnel should be trained prior to employment. Finally, an incentive pay increase schedule should be developed to compensate for the SLP support personnel efforts to enhance their training.

Dissemination

The writer plans to present this practicum at the Speech-Language-Hearing Association of Virginia (SHAV) 1997 Annual Convention in the Spring. It will also be shared with the administration at the local community college to encourage the development for a full curriculum of SLP assistant training. This would begin the first curriculum of it's kind in Virginia. Additionally, the writer plans to share the information with the Virginia State Licensure Board of Audiology and Speech-language Pathology. The Board may wish to consider the practicum and recommended curriculum as a prerequite for SLP assistant licensure, or certification.

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APPENDIX A

Survey of Support Personnel in Writer's Preschool Setting

APPENDIX A

Survey of Support Personnel in Writer's Preschool Setting

To the right of each statement, please circle the number which corresponds to the response which most closely reflects your agreement or disagreement.

(5) Strongly agree (4) Agree (3) Undecided (2) Disagree (1) Strongly disagree

I have a basic working knowledge of:

1. Normal speech and language developmental milestones	5 4 3 2 1
2. Language disorders	5 4 3 2 1
3. Phonological disorders	5 4 3 2 1
4. Phonetic transcription	5 4 3 2 1
5. Manual communication (sign language)	5 4 3 2 1
6. Treatment strategies for preschool children with speech-language-hearing delay	5 4 3 2 1
7. Behavioral management strategies with speech-language and/or hearing impaired children	5 4 3 2 1
8. Central auditory processing disorders (CAPD)	5 4 3 2 1
9. Hearing loss and audiometric interpretation	5 4 3 2 1
10. Care & use of amplification systems	5 4 3 2 1

Thank you for your cooperation in the completion of this survey.

APPENDIX B

Academic Topics of Speech-language Pathology Assistant Training

APPENDIX B

Academic Topics of Speech-language Pathology Assistant (SLPA) Training

Introduction to the Speech-language Pathology Assistant

Anatomy of the Speech Mechanism

Anatomy of the Ear

Normal Language Development

Language Disorders

Phonology

Alternative and Augmentative Communication

Clinical Techniques in Speech and Language Treatment

Central Auditory Processing Disorders

Basic Phonetics

Introduction to Manual Communications